

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005822

Entity Name: KICKIN' FOR KIDS, INC.

**FILED**  
**Jan 10, 2004**  
**Secretary of State****Current Principal Place of Business:**5830 MEMORIAL HWY  
#414  
TAMPA, FL 33615 US**New Principal Place of Business:****Current Mailing Address:**5830 MEMORIAL HWY  
#414  
TAMPA, FL 33615 US**New Mailing Address:**P.O. BOX 20291  
TAMPA, FL 33622 US

FEI Number: 59-3356183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**GRANT, MARLA D  
5830 MEMORIAL HWY #414  
TAMPA, FL 33615**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PTD ( ) Delete  
Name: GRANT, MARLA D  
Address: 5830 MEMORIAL HWY #414  
City-St-Zip: TAMPA, FL 33615Title: VPD ( ) Delete  
Name: CALHOUN, BRENNAN K  
Address: 5830 MEMORIAL HIGHWAY # 414  
City-St-Zip: TAMPA, FL 33615Title: D ( ) Delete  
Name: CALHOUN, RYAN C  
Address: 3803 N. OAK DR., # B12  
City-St-Zip: TAMPA, FL 33611**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: VPD (X) Change ( ) Addition  
Name: CALHOUN, BRENNAN K  
Address: 214 ABBYGLEN WAY  
City-St-Zip: KENNESAW, GA 30144 USTitle: D (X) Change ( ) Addition  
Name: CALHOUN, RYAN C  
Address: 3660 EAST BAY DR. APT 1221  
City-St-Zip: LARGO, FL 33711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLA D. GRANT

D

01/10/2004

Electronic Signature of Signing Officer or Director

Date